

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17982

State File No. _____

FILED JUN 9 1944

Registration District No. _____

Primary Registration District No. 4186

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Sullivan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether
In this community 50 years years, months or days)

3. (a) PRINT FULL NAME John Earnest Roderique3. (b) If veteran, No name war 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Roderique
6. (c) Age of husband or wife if alive 7th years
7. Birth date of deceased Aug 7th 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>9</u>	<u>18</u>	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name John J. Roderique13. Birthplace Missouri (City, town, or county) (State or foreign country)14. Maiden name Mandy Johnson15. Birthplace Missouri (City, town, or county) (State or foreign country)16. (a) Informant Cora Roderique(b) Address Sullivan, Mo.17. (a) Burial (b) Date thereof 5-27-1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sullivan, Mo.18. (a) Signature of funeral director J. T. Williams(b) Address Sullivan, Mo.19. (a) 5-27-44 (b) Gilbert Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Sullivan
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th
year 1944 hour 3 minute A M.21. I hereby certify that I attended the deceased from May 1
1944 to May 26 1944
that I last saw him alive on May 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

myocarditis.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Royce (M. D. or other) _____Address Sullivan, Mo. Date signed 6/27/44

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 6-8-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by
....., Registered Apprentice No.
working under my personal supervision.

Signed

J. T. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.